

Dr. J.
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Connecticut State Medical Society Testimony on
Senate Bill 192 AN ACT CONCERNING ADVANCED PRACTICE REGISTERED
NURSES AND PRIMARY CARE PROVIDERS FOR INDIVIDUAL OR GROUP
HEALTH INSURANCE POLICIES.
Presented to the Insurance And Real Estate Committee
February 25, 2010

Senator Crisco, Representative Fontana and members of the Insurance and Real Estate Committee, my name is Dr. John Foley, a cardiologist from New London County and current Council member for the Connecticut State Medical Society (CSMS). On behalf of our more than 7,000 members, thank you for the opportunity to submit this testimony to you today on **SENATE BILL 192 AN ACT CONCERNING ADVANCED PRACTICE REGISTERED NURSES AND PRIMARY CARE PROVIDERS FOR INDIVIDUAL OR GROUP HEALTH INSURANCE POLICIES.**

First, it is important to state that CSMS fully supports the ability of patients to freely select the appropriate provider from whom they wish to have medical care provided. Furthermore, in physician offices that provide primary-care services, we do acknowledge the invaluable services and assistance provided by Advanced Practice Registered Nurses (APRNs). They are often the first point of contact and often the constant contact for many patients. It is important that they are appropriately recognized, as well as trained.

This said, it is imperative that we raise certain concerns regarding the language before you today. CSMS believes that these comments of concern are consistent with CSMS efforts in the past to ensure that patients have the appropriate information at the appropriate time to make informed decisions regarding their and their family's medical care. To accomplish the goal of full transparency at the time of health care decision and medical care provision, should "carriers" be required to list APRN directly as primary care providers, certain information must be made available to the general public and specific interested patients.

First and foremost, it must clearly be communicated to those wishing to enroll with a health insurer, as well as existing enrollees, what medical degrees are held by the identified network provider and how the insurance company delineates any coverage decisions associated with the provision of medical care by the assigned and identified providers. As this committee is well aware, coverage decisions and determinations by carriers for medical care of their enrollees is often based on the type and qualifications of the identified provider. Furthermore, to ensure an understanding of the continuum of medical care available to patients by each health insurer, we suggest that any listing provided, posted or otherwise publicized by the carrier contain the name and contact

information of the physician with whom the APRN has a collaborative agreement within the state of Connecticut.

We appreciate the opportunity to provide comments on SB 192.